

**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**

Is This Report an Amendment: ☐ Yes ☒ No

Instructions for completing schedules are on the back of each schedule.

COMMITTEE IDENTIFICATION

Name of Committee
Elizabeth Coggins for State
Street Address
2960 N 7th St
City, State and Zip Code
Milwaukee, WI 53212

RECEIVED

AUG 7 2012

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Wisconsin Government Accountability Board
Ethics & Accountability Division

Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

NAME OF REPORT

0109984

☐ January Continuing ☒ Pre-Primary *2012* ☐ Spring ☐ Fall ☐ Special
☐ July Continuing ☐ Pre-Election ☐ Spring ☐ Fall ☐ Special

☐ Termination Report
also complete Schedule 4

SUMMARY OF RECEIPTS AND DISBURSEMENTS

1. RECEIPTS

	Column A This Period	Column B Calendar Year-To-Date
1A. Contributions (Including Loans) from Individuals	\$ <i>2450.00</i>	\$ <i>6801.00</i>
1B. Contributions from Committees (Transfers-In)	\$ <i>0</i>	\$ <i>600.00</i>
1C. Other Income and Commercial Loans	\$ <i>0</i>	\$ <i>0</i>
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ <i>2450.00</i>	\$ <i>6801.00</i>

2. DISBURSEMENTS

	Column A This Period	Column B Calendar Year-To-Date
2A. Gross Expenditures	\$ <i>1531.96</i>	\$ <i>6444.94</i>
2B. Contributions to Committees (Transfers-Out)	\$ <i>0</i>	\$ <i>0</i>
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ <i>1531.96</i>	\$ <i>6444.94</i>

CASH SUMMARY

Cash Balance Beginning of Report	\$ <i>38.31</i>
Total Receipts	\$ <i>2450.00</i>
Subtotal	\$ <i>2488.31</i>
Total Disbursements	\$ <i>1531.96</i>
CASH BALANCE END OF REPORT	\$ <i>956.35</i>
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ <i>2700.00</i>
LOANS (Balance at the Close of This Period-3B)	\$ <i>6523.00</i>

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer <i>Elizabeth Coggins</i>	Signature of Candidate or Treasurer <i>Elizabeth Coggins</i>	Date: <i>8-6-12</i>
		Daytime Phone: <i>4148379765</i>

NOTE: The information on this form is required by ss.11.06, 11 ss.11.60, 11.61, Wis. Stats.

GAB-2L (Rev. 12/09) This form is prescribed by the Government



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penalties of
clerk.

Complete Committee Name

Elizabeth Coogs for State

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Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
7/1/12	Brian Pleva 225 E Pittsburgh Milw WI 53204	Gov. Affairs Assoc. American Federation 1660 L St N.W. Washington DC	250 ⁰⁰	250 ⁰⁰
7/3/12	Howard Fuller 3290 N. 44 th Milw., WI 53216	Director Institute for the Transformation 750 N. 18 th Milw WI	500 ⁰⁰	500 ⁰⁰
7/19/12	Tim Sheedy 904 E Pearson #107 Milw WI 53202	CEO m MAC 756 N Milwaukee Milw., WI 53202	200 ⁰⁰	200 ⁰⁰
7/19/12	Agustin Ramirez 5219 N Hwy 83 Hartland, WI 53092	Chairman HUSCO International 2239 Pewaukee Rd Wauke Conduit Name: m MAC	500 ⁰⁰	500 ⁰⁰
7/19/12	Erma Daniels 10021 N Range Line Mequon, WI 53092	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	200 ⁰⁰	200 ⁰⁰
7/19/12	Hattie Daniels-Rush 8960 N Santa Monica Bayside, WI 53217	CEO Hattie Daniels Rush 3500 N Mother Inst. Milw WI 53209	200 ⁰⁰	200 ⁰⁰
7/19/12	Steve Bass 2920 San Gabriel Dr Brookfield, WI 53005	m MAC 756 N Milwaukee Milw., WI 53202	100 ⁰⁰	100 ⁰⁰
7/20/12	Howard Fuller 3290 N. 44 th Milw., WI 53216	Director Institute for the Transformation 750 N. 18 th Milw WI	500 ⁰⁰	1000 ⁰⁰

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$

TOTAL ITEMIZED CONTRIBUTIONS

\$

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$

SCHEDULE 2-A
DISBURSEMENTS
Gross Expenditures

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Complete Committee Name

Elizabeth Coags for State

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Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
7/24/12	Piggly Wiggly Store 4081 N 54th MILWAUKEE, WI 53216 Check if: <input type="checkbox"/> In-Kind Offset	Food	62.47
7/16/12	Fedex Office 1703 N Farwell MILWAUKEE, WI Check if: <input type="checkbox"/> In-Kind Offset	PRINTING	141.99
7/27/12	Citgo Gas 3381 N 35th MILWAUKEE, WI 53216 Check if: <input type="checkbox"/> In-Kind Offset	Gas	27.50
7/24/12	SOAR MILWAUKEE, WI Check if: <input type="checkbox"/> In-Kind Offset	CAMPAIGN CONSULTING/PRINTING/ATION	1300.00
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			\$ 1531.96
TOTAL ITEMIZED EXPENDITURES			\$ 1531.96
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS			\$
TOTAL EXPENDITURES			\$ 1531.96

SCHEDULE 3-A
ADDITIONAL DISCLOSURE
Incurred Obligations Excluding Loans

Page 4 of 5

Complete Committee Name

Elizabeth Ceggs for State

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code of Creditor	Outstanding Balance Beginning This Period	New Obligations or Additions This Period	Cumulative Payments This Period	Outstanding Balance At Close of This Period
6/10/12	SOAPE MILWAUKEE, WI	500.00	700.00	1300.00	1200.00
Nature of Debt (Purpose)					
5/1/12	Weber Printing 3480 N. 32nd MILWAUKEE, WI 53210	1500.00	0	0	1500.00
Nature of Debt (Purpose)					
/ /					
Nature of Debt (Purpose)					
/ /					
Nature of Debt (Purpose)					
/ /					
Nature of Debt (Purpose)					
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Nature of Debt (Purpose)					
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Nature of Debt (Purpose)					
/ /					
Nature of Debt (Purpose)					
SUBTOTAL ITEMIZED OBLIGATIONS THIS PAGE		\$ 2700.00			
TOTAL ITEMIZED OBLIGATIONS		\$ 2700.00			
TOTAL UNITEMIZED OBLIGATIONS \$20 OR LESS		\$ 0			
TOTAL INCURRED OBLIGATIONS		\$ 2700.00			

ADDITIONAL DISCLOSURE Loans Individual, Committee or Commercial

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Complete Committee Name

Elizabeth Coggins for State

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Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
1 / 1	Elizabeth Coggins 2960 N. Ave Milwaukee, WI	6,523.00	0	0	6,523.00
List All Endorsers or Guarantors (if any)					
Full Name, Mailing Address and Zip Code of Guarantor		Occupation			
SAME AS ABOVE					
		Name and Address of Employer			
		Amount Guaranteed Outstanding			
		\$			
Full Name, Mailing Address and Zip Code of Guarantor		Occupation			
SAME AS ABOVE					
		Name and Address of Employer			
		Amount Guaranteed Outstanding			
		\$			
Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
1 / 1					
List All Endorsers or Guarantors (if any)					
Full Name, Mailing Address and Zip Code of Guarantor		Occupation			
		Name and Address of Employer			
		Amount Guaranteed Outstanding			
		\$			
Full Name, Mailing Address and Zip Code of Guarantor		Occupation			
		Name and Address of Employer			
		Amount Guaranteed Outstanding			
		\$			
Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
1 / 1					
List All Endorsers or Guarantors (if any)					
Full Name, Mailing Address and Zip Code of Guarantor		Occupation			
		Name and Address of Employer			
		Amount Guaranteed Outstanding			
		\$			
Full Name, Mailing Address and Zip Code of Guarantor		Occupation			
		Name and Address of Employer			
		Amount Guaranteed Outstanding			
		\$			
SUBTOTAL OUTSTANDING LOANS THIS PAGE					\$6,523.00
TOTAL OUTSTANDING LOANS					\$6,523.00